STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Libertarian Party of Georgia PO Box 19959 ADDRESS (number and street) (Check if address is changed) Atlanta 30325 GA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS treasurer@lpgeorgia.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.lpgeorgia.com (Check if address is changed) DATE 2022 C00622795 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Bell, Gerred, , , Type or Print Name of Treasurer Bell, Gerred, , , [Electronically Filed] 01 26 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

ı	FFC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE	E OF C	OMMITTEE	1 age 2
Can	didate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compleinformation below.)	te the candidate
Name Cand	e of lidate		
	lidate Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Parl	y Con	nmittee:	
(d)	×	CTA ' ' ' IID ' '	emocratic, publican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a
•			abor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name	·	. 0
Libertarian Party	of Georgia	
<u>-</u>	ganization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Represent	tative Leadership PAC Sponso
Custodian of Records: Ident books and records.	fy by name, address (phone number optional) and position of the	person in possession of committee
Bell, Gerred	,,, 	
Mailing Address	PO Box 19959	
3		
	Atlanta GA	30325
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee sistant treasurer).	e; and the name and address of
Full Name Bell, Gerred of Treasurer	,,	
Mailing Address	PO Box 19959	
	Atlanta	30325
Title or Position Treasurer	CITY STATE Telephone number	ZIP CODE

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Full Name of Designated Agent	Graham, Ryan, , ,	
Mailing Address	PO Box 19959	
	Atlanta GA 30325	
	CITY STATE Z	IP CODE
Title or Position Chair		
Banks or Other safety deposit be	Depositories: List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds.	accounts, rents
Banks or Other safety deposit be Name of Bank,	oxes or maintains funds.	accounts, rents
safety deposit be	oxes or maintains funds.	accounts, rents
safety deposit be Name of Bank,	oxes or maintains funds. Depository, etc. BB&T Bank 15125 PEACHTREE PKWY	accounts, rents
safety deposit be	oxes or maintains funds. Depository, etc. BB&T Bank 15125 PEACHTREE PKWY	accounts, rents
safety deposit be Name of Bank,	oxes or maintains funds. Depository, etc. BB&T Bank 15125 PEACHTREE PKWY	accounts, rents
safety deposit b Name of Bank,	Depository, etc. BB&T Bank 5125 PEACHTREE PKWY NORCROSS GA 30092	accounts, rents
safety deposit b Name of Bank,	Depository, etc. BB&T Bank 5125 PEACHTREE PKWY NORCROSS CITY STATE Z	
safety deposit be Name of Bank, Mailing Address	Depository, etc. BB&T Bank 5125 PEACHTREE PKWY NORCROSS CITY STATE Z	
safety deposit be Name of Bank, Mailing Address Name of Bank,	Depository, etc. BB&T Bank	
safety deposit b Name of Bank, Mailing Address	Depository, etc. BB&T Bank	
safety deposit be Name of Bank, Mailing Address Name of Bank,	Depository, etc. BB&T Bank	

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisin	1	FFO ID	C
1.		FEC ID number	
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	[C]
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Organization Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	by name, address (phone number – optional) CITY CITY Te ies: List all banks or other depositories in which ntains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma ame of Bank, Authori	by name, address (phone number – optional) CITY CITY Tellies: List all banks or other depositories in which ntains funds. Ze.net	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	by name, address (phone number – optional) CITY CITY Te ies: List all banks or other depositories in which ntains funds. Ze.net	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma ame of Bank, Authorice pository, etc.	by name, address (phone number – optional) CITY CITY Tellies: List all banks or other depositories in which ntains funds. Ze.net	STATE A	ZIP CODE A